



UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

**TEMPORARY FORM D**

**NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION**

**MB APPROVAL**

OMB Number: 3235-0076  
Expires: January 31, 2009  
Estimated average burden  
hours per response . . . . .4.00

**SEC USE ONLY**

Prefix Serial

DATE RECEIVED

Name of Offering (☒ check if this is an amendment and name has changed, and indicate change.)

**Limited Liability Company Interests**

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE  
Type of Filing: ☐ New Filing ☒ Amendment

**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

Name of Issuer (☐ Check if this is an amendment and name has changed, and indicate change.)

**Threadneedle Emerging Currencies Crescendo Fund LLC (formerly Threadneedle Emerging Markets Opportunities Crescendo Fund LLC)**

Address of Executive Offices (Number and Street, City, State, Zip Code)  
**Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801**

Telephone Number (Including Area Code)

**\*+44 20 7464 5467** **SEC Mail Processing**

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

Telephone Number (Including Area Code)

**PROCESSED**

**MAR 06 2009**

Brief Description of Business **Private Investment Fund**

**MAR 26 2009**

**Washington, DC**

**111**

Type of Business Organization

☐ corporation ☐ limited partnership, already formed ☒ other (please specify):  
☐ business trust ☐ limited partnership, to be formed **Limited Liability Company**

Actual or Estimated Date of Incorporation or Organization:

Month Year  
**0 1 0 6**

☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)

**D E**

**GENERAL INSTRUCTIONS** Note: This is a special Temporary Form D (17 CFG 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFG 239.500T) or an amendment to such a notice in paper format on or after September 15, 2009 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFG 239.500), but, if it does, the issuer must file amendments using Form D (17 CFG 239.500) and otherwise comply with all the requirements of § 203.503T.

**Federal:**

**Who Must File:** All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

**When To File:** A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

**Where To File:** U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

**Copies Required:** Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

**Filing Fee:** There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

\* Company Secretary

---

**A. BASIC IDENTIFICATION DATA**

---

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

---

Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**Threadneedle Asset Management Limited**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**60 St Mary Axe, London EC3A 8JQ United Kingdom**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

---

Full Name (Last name first, if individual)

**Threadneedle Emerging Currencies Crescendo Management Limited (Manager of the Issuer)**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**P.O. Box 309, Ugland House, South Church Street, George Town, Grand Cayman, KY1-1104, Cayman Islands**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Crawshaw, Richard**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**P.O. Box 10763, 17 Silver Thatch Drive, George Town, Grand Cayman, KY1-1007, Cayman Islands**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Litton, David**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**15 St George's Street, Douglas, Isle of Man IM1 1AJ**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Shubotham, David**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**12 Merrion Square, Dublin 2, Ireland**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Kemp, Malcolm**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**60 St Mary Axe, London EC3A 8JQ**

---

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

\*Each Director is a director of the Manager of the Issuer.

**B. INFORMATION ABOUT OFFERING**

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Yes                                 | No                                  |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.  |                                     |                                     |
| 2. What is the minimum investment that will be accepted from any individual? .....  | \$ <u>250,000*</u>                  |                                     |
| * Subject to the manager's discretion to reduce the minimum to \$100,000  |                                     |                                     |
| 3. Does the offering permit joint ownership of a single unit? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                                     |                                     |

---

Full Name (Last name first, if individual)

---

Business or Residence Address (Number and Street, City, State, Zip Code)

---

Name of Associated Broker or Dealer

---

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

---

Full Name (Last name first, if individual)

---

Business or Residence Address (Number and Street, City, State, Zip Code)

---

Name of Associated Broker or Dealer

---

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

---

Full Name (Last name first, if individual)

---

Business or Residence Address (Number and Street, City, State, Zip Code)

---

Name of Associated Broker or Dealer

---

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ .....	\$ .....
Equity ..... <input type="checkbox"/> Common <input type="checkbox"/> Preferred	\$ .....	\$ .....
Convertible Securities (including warrants) .....	\$ .....	\$ .....
Partnership Interests .....	\$ .....	\$ .....
Other (Specify: <b>Limited Liability Company Interests</b> ) .....	<b>\$100,000,000,000</b>	\$ .....
Total .....	<b>\$100,000,000,000</b>	\$ .....

Answer also in Appendix, Column 3, if filing under ULOE.

\* The offering is unlimited. This Form D reports offers and sales in the United States only.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	.....	\$ .....
Non-Accredited Investors .....	.....	\$ .....
Total (for filings under Rule 504 only) .....	<b>N/A</b>	\$ .....

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -- Question 1.

**NOT APPLICABLE**

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505 .....	.....	\$ .....
Regulation A .....	.....	\$ .....
Rule 504 .....	.....	\$ .....
Total .....	.....	\$ .....

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ .....
Printing and Engraving Costs .....	<input checked="" type="checkbox"/>	\$ <b>5,000</b>
Legal Fees .....	<input checked="" type="checkbox"/>	\$ <b>10,000</b>
Accounting Fees .....	<input checked="" type="checkbox"/>	\$ <b>10,000</b>
Engineering Fees .....	<input type="checkbox"/>	\$ .....
Sales commission (specify finders' fees separately) .....	<input type="checkbox"/>	\$ .....
Other Expenses (identify) <b>Blue Sky Filing Fees</b> .....	<input checked="" type="checkbox"/>	\$ <b>5,000</b>
Total .....	<input checked="" type="checkbox"/>	\$ <b>30,000</b>

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

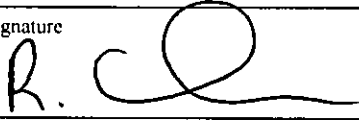
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$99,999,970,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

	Payments to Officers, Directors & Affiliates	Payments to Others
Salaries and fees .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Purchase of real estate.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Repayment of indebtedness.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Working capital .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Other (specify): <u>Investment in securities of affiliated issuer</u> .....	<input checked="" type="checkbox"/> <u>\$99,999,970,000</u>	<input type="checkbox"/> \$ .....
Column Totals .....	<input checked="" type="checkbox"/> <u>\$99,999,970,000</u>	<input type="checkbox"/> \$ .....
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> <u>\$99,999,970,000</u>	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>Threadneedle Emerging Currencies Crescendo Fund LLC</b>	Signature 	Date <b>February 19, 2009</b>
Name of Signer (Print or Type) <b>Richard C. Crawshaw</b>	Title of Signer (Print or Type) <b>Director of the Manager of the Issuer</b>	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Susan Noble  
Direct Phone: 617.951.8154  
Fax: 617.951.8736  
susan.noble@bingham.com

March 5, 2009

**FEDERAL EXPRESS**

Securities and Exchange Commission  
100 F Street, N.E.  
Washington, DC 20549-0001

**Re: Threadneedle Emerging Currencies Opportunities Fund LLC  
(formerly Threadneedle Emerging Markets Opportunities Fund  
LLC) (the "Company")  
Limited Liability Company Interests (the "Securities")  
CIK No. 0001384102**

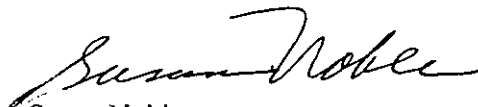
Ladies and Gentlemen:

On behalf of the Company we enclose for filing two copies of an amendment to its Form D, at least one of which is manually executed. This amendment reflects a name change and updates Part A of the previously filed Form D.

Also enclosed is a copy of this letter, which we ask that you date-stamp and return to us in the enclosed reply envelope, to evidence receipt of the filing.

Please feel free to contact the undersigned if you have any questions.  
Thank you for your attention to this matter.

Very truly yours,



Susan Noble  
Paralegal Specialist -- Blue Sky/Securities

cc (with enclosures)  
Threadneedle Emerging Currencies Opportunities Fund LLC  
John Holton, Esq.

Boston  
Hartford  
Hong Kong  
London  
Los Angeles  
New York  
Orange County  
San Francisco  
Santa Monica  
Silicon Valley  
Tokyo  
Walnut Creek  
Washington

Bingham McCutchen LLP  
One Federal Street  
Boston, MA 02110-1726

A/72863848.1/3005063-0000321067

T 617.951.8000  
F 617.951.8736  
bingham.com

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

MB APPROVAL

OMB Number: 3235-0076  
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SEC USE ONLY

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**Limited Liability Company Interests**

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing: ☐ New Filing ☒ Amendment

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Telephone Number (Including Area Code)  
**\*+44 20 7464 5467**

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
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Telephone Number (Including Area Code)

Brief Description of Business **Private Investment Fund**

Type of Business Organization

☐ corporation

☐ limited partnership, already formed

☒ other (please specify):

☐ business trust

☐ limited partnership, to be formed

**Limited Liability Company**

Actual or Estimated Date of Incorporation or Organization:

Month Year  
**0 1 0 6**

☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)

**D E**

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**Where To File:** U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

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\* Company Secretary

---

**A. BASIC IDENTIFICATION DATA**

---

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

---

Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**Threadneedle Asset Management Limited**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**60 St Mary Axe, London EC3A 8JQ United Kingdom**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

---

Full Name (Last name first, if individual)

**Threadneedle Emerging Currencies Crescendo Management Limited (Manager of the Issuer)**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**P.O. Box 309, Ugland House, South Church Street, George Town, Grand Cayman, KY1-1104, Cayman Islands**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Crawshaw, Richard**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**P.O. Box 10763, 17 Silver Thatch Drive, George Town, Grand Cayman, KY1-1007, Cayman Islands**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Litton, David**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**15 St George's Street, Douglas, Isle of Man IM1 1AJ**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Shubotham, David**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**12 Merrion Square, Dublin 2, Ireland**

---

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

---

Full Name (Last Name first, if individual)

**\*Kemp, Malcolm**

---

Business or Residence Address (Number and Street, City, State, Zip Code)

**60 St Mary Axe, London EC3A 8JQ**

---

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

\*Each Director is a director of the Manager of the Issuer.



**B. INFORMATION ABOUT OFFERING**

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Yes                                 | No                                  |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.  |                                     |                                     |
| 2. What is the minimum investment that will be accepted from any individual? .....  | \$ <b>250,000*</b>                  |                                     |
| * Subject to the manager's discretion to reduce the minimum to \$100,000  |                                     |                                     |
| 3. Does the offering permit joint ownership of a single unit? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                                     |                                     |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ .....	\$ .....
Equity ..... <input type="checkbox"/> Common <input type="checkbox"/> Preferred	\$ .....	\$ .....
Convertible Securities (including warrants) .....	\$ .....	\$ .....
Partnership Interests .....	\$ .....	\$ .....
Other (Specify: <b>Limited Liability Company Interests</b> ) .....	<b>\$100,000,000,000</b>	\$ .....
Total .....	<b>\$100,000,000,000</b>	\$ .....

Answer also in Appendix, Column 3, if filing under ULOE.

\* The offering is unlimited. This Form D reports offers and sales in the United States only.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	.....	\$ .....
Non-Accredited Investors .....	.....	\$ .....
Total (for filings under Rule 504 only) .....	<b>N/A</b>	\$ .....

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -- Question 1.

NOT APPLICABLE

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505 .....	.....	\$ .....
Regulation A .....	.....	\$ .....
Rule 504 .....	.....	\$ .....
Total .....	.....	\$ .....

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ .....
Printing and Engraving Costs .....	<input checked="" type="checkbox"/>	\$ <b>5,000</b>
Legal Fees .....	<input checked="" type="checkbox"/>	\$ <b>10,000</b>
Accounting Fees .....	<input checked="" type="checkbox"/>	\$ <b>10,000</b>
Engineering Fees .....	<input type="checkbox"/>	\$ .....
Sales commission (specify finders' fees separately) .....	<input type="checkbox"/>	\$ .....
Other Expenses (identify) <b>Blue Sky Filing Fees</b> .....	<input checked="" type="checkbox"/>	\$ <b>5,000</b>
Total .....	<input checked="" type="checkbox"/>	\$ <b>30,000</b>


### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” ..... \$99,999,970,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

	Payments to Officers, Directors & Affiliates	Payments to Others
Salaries and fees .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Purchase of real estate.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Repayment of indebtedness.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Working capital .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Other (specify): <u>Investment in securities of affiliated issuer</u> .....	<input checked="" type="checkbox"/> <u>\$99,999,970,000</u>	<input type="checkbox"/> \$ .....
Column Totals .....	<input checked="" type="checkbox"/> <u>\$99,999,970,000</u>	<input type="checkbox"/> \$ .....
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> <u>\$99,999,970,000</u>	

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>Threadneedle Emerging Currencies Crescendo Fund LLC</b>	Signature 	Date <b>February 19, 2009</b>
Name of Signer (Print or Type) <b>Richard C. Crawshaw</b>	Title of Signer (Print or Type) <b>Director of the Manager of the Issuer</b>	

#### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

*END*